



NQUTHU MUNICIPALITY
UMASIPALA WASE NQUTHU
Private Bag X5521, NQUTHU, 3135
Tel: +27(0) 34 271 6100, Fax: +27(0) 34 271 6111

FORM A

REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY
(Section 18(1) of the Promotion of Access to Information Act No. 2 of 2000)

[REGULATION 6]
FOR DEPARTMENTAL USE

Reference Number:
Request received by:

Name and Surname of Information Officer/Deputy Information Officer on (date) at

Bonginkosi Paul Gumbi: Information Officer.

_____ *Date*

Request fee (If any): R.....

Deposit (If any): R.....

Access Fee: R.....

Signature of Information Officer/Deputy Information Officer

Signature

Registry Stamp

A

PARTICULARS OF PUBLIC BODY

INFORMATION OFFICER: BONGINKOSI PAUL GUMBI
DEPUTY INFORMATION OFFICER: SAKHILE W. MPANZA
DEPUTY INFORMATION OFFICER: MPUMELELO B. JIYANE
DEPUTY INFORMATION OFFICER: XOLANI M. MBATHA
DEPUTY INFORMATION OFFICER: MSIZI W. GCABASHE
DEPUTY INFORMATION OFFICER: THOKOZANI C. NYANDENI

NQUTHU LOCAL MUNICIPALITY
P/BAG X 5521
NQUTHU
3135
TEL: 034 271 6100
FAX: 034 271 6111
E-mail: thokozanin@nquthu.gov.za

B

PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD

- (a) The particulars of the person who requests access to the record must be given below.
- (b) The address and/or fax number in the Republic to which the information is to be sent must be given
- (c) Proof of the capacity in which the request is made, if applicable, must be attached

Full names and Surname:

Identity Number:

Postal Address:

Fax Number:

E-mail Address:

Capacity in which request is made, when made on behalf of another person:

.....
.....

C

PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE

This section must be completed ONLY if a request for information of made on behalf of another person

Full names and Surname:

Identity Number:

D

PARTICULARS OF RECORD

- (a) Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located
- (b) If the provided space is inadequate, please continue on separate folio and attach it to this form – The requestor must sign all additional folios**

1. Description of record or relevant party of the record :
2. Reference number, if available:
3. Any further particulars of record :

E FEES

- (a) A Request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid
- (b) You will be notified of the amount required to be paid as the request fee
- (c) The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record
- (d) If you qualify for exemption of the payment of any fee , please state the reason for exemption

Reason for exemption from payment of fees:

.....

F FORM OF ACCESS TO RECORD

If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 below, state your disability and indicate in which form the record is required

DISABILITY:

Mark the appropriate box with an X:

Notes:

- (a) Compliance with your request for access in the specified form may depend on the form in which the record is available
- (b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form
- (c) The fee payable for access to the record, if any will be determined partly by the form in which access is requested.

1. IF THE RECORD IS IN WRITTEN OR PRINTED FORM:

Copy of record	Inspection of record
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2. IF RECORD CONSISTS OF VISUALS IMAGES-(THIS INCLUDES PHOTOGRAPHS, SLIDES, VIDEO RECORDINGS, COMPUTER GENERATED IMAGES, SKETCHES, ETC.

view the image	copy of image	Transcription of the image
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3. IF RECORD CONSISTS OF RECORDED WORDS OR INFORMATION WHICH CAN BE REPRODUCED IN SOUND

Listen to the sound track (audio cassette)		Transcription of sound track (written or printed document)
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4. IF RECORD IS HELD ON COMPUTER OR IN AN ELECTRONIC OR

MACHINE-READABLE FORM					
	Printed copy of record		Printed copy of information derived from the record	Copy in computer readable form (Compact Disc)	
If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you postage is payable			Yes	No	
Note that if the records is not available in the language you prefer, access may be granted in the language in which the record is available.					
In which language would you prefer the record ?		IsiZulu	English	SeSotho	Afrikaans

G

NOTICE OF DECISION REGARDING REQUEST FOR ACCESS

You would be notified whether your request has been approved/denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.
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How would you prefer to be informed of the decision regarding your request for access to the record?.....

Signature of Requester

Date